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3743
CIPW

PATENT
Customer No. 39,878
Attorney Docket No. 9891-0000010/US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
Thomas J. WOOD) Group Art Unit: 3743
Application No.: 10/658,769) Examiner: Teena Mitchell
Filed: September 10, 2003)
For: NASAL INTERFACE AND)
SYSTEM INCLUDING VENTILATION)
INSERT)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PETITION TO MAKE SPECIAL

Sir:

Applicant hereby petitions under 37 C.F.R. § 1.102(c) and §§ 708.01 and 708.02(c)(III) of the M.P.E.P. to make the above-identified application special on the basis that the Applicant is not available to assist in the prosecution of the application if it were to run its normal course.

As set forth in the attached Declaration, the Applicant has been receiving medical treatment for lung cancer. As established in the Declaration, in view of the Applicant's health, and the policy set forth in the pertinent regulations and provisions, it is believed that this petition should be automatically granted.

Application No. 10/610,594
Attorney Docket No. 9891.000002/US/COD

Applicant understands that no fee is required for this petition. If, however, any fee is necessary, please charge it to Deposit Account No. 50-2961.

Respectfully submitted,

Min, Hsieh & Hack, LLP

By 

Timothy J. Maier
Reg. No. 51,986

TJM:CLC



PATENT
Customer No. 39,878
Attorney Docket No. 9891-000010/US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
Thomas J. WOOD et al.) Group Art Unit: unknown
Application No.: 10/658,769) Examiner: unknown
Filed: September 10, 2003)
For: NASAL INTERFACE AND)
SYSTEM INCLUDING VENTILATION)
INSERT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

DECLARATION

Sir:

I, Shara Hernandez, am the President of Innomed Technologies, the assignee of the above-identified application, as evidenced by the Assignment Recordation. I understand that this declaration is being submitted in support of a petition to make the above-identified application special.

Attached hereto are hospitalization bills showing that Applicant has been receiving extensive treatment for an aggressive form of lung cancer. Applicant has been receiving treatment since September of 2003.

By: Shara Hernandez, Pres.

Shara Hernandez

President, Innomed Technologies

Attachments



**InnoMed
Technologies**

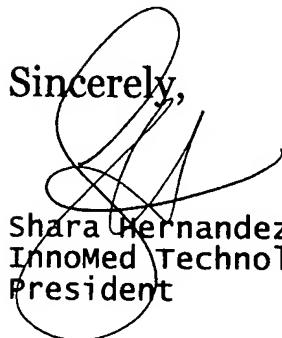
23257 State Road 7
Suite 206 - 207
Boca Raton, FL 33428
Phone: 888-925-2526
Fax: 888-956-2526

March 23, 2004

Dear Mr. Maier,

Enclosed are copies of invoices for Thomas Jackson Wood's recent thoracotomy. Mr. Wood is suffering from an aggressive form of lung cancer.

Sincerely,


Shara Hernandez
InnoMed Technologies
President



Saint Joseph's
Hospital of Atlanta

Sponsored
by the Sisters
of Mercy

5665 Peachtree
Dunwoody Road
N.E.

Atlanta, Georgia
30342-1764
(404) 851-7001

September 17, 2003

Mr. Thomas Wood
11104 Parkview Lane
Alpharetta, Georgia 30005

← DR Thomas
Seay

Atlanta Cancer Care
needs to schedule
Scans —
Self Pay?

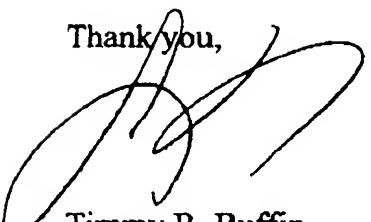
Dear Mr. Wood:

Please review the attached itemized statement for your current charges and the total balance that is due 30 days after discharge. If the total amount is paid in full by October 9, 2003, you are eligible for a 15% discount of the total charges.

Your total current charges are \$7,730.50 applying the 15% discount
(\$1,159.58), the total balance due will be \$4,047.92.
-\$2,500.00

If you should have additional questions, I can be reached at (404) 851-7239.
If you receive my voice mail, please leave me a message and I will return
your call promptly.

Thank you,


Timmy R. Buffin
Patient Financial Advocate

PHYSICIAN SPEC IN ANESTHESIA,PC
P. O. BOX 102163
ATLANTA GA 30368-0163

Return Service Requested

Place of Service: ST. JOSEPHS HOSPITAL
ATL9*354*75994

MED54303FJC0004292-000016

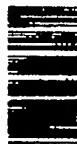
THOMAS WOOD
11104 PARKVIEW LN
ALPHARETTA GA 30005-5414

11104 PARKVIEW LN
ALPHARETTA GA 30005-5414



PATIENT NAME	
THOMAS WOOD	
ACCOUNT NUMBER	STATEMENT DATE
354*75994	10/02/2003
AMOUNT DUE	AMOUNT PAID
1121.00	

PHYSICIAN SPEC IN ANESTHESIA,PC
P. O. BOX 102163
ATLANTA GA 30368-0163



PLEASE DETACH AND RETURN TOP PORTION WITH PAYMENT

Date	Doctor	Code	Description	Page 1 of 1 Amount
09/18/2003	PHILLIP H WELLS, MD	8231859	THORACIC EPIDURAL	590.00
09/19/2003	JOHN STEPHENSON, MD	99231	INPT ACUTE POST OP PAIN ROUNDS	177.00
09/20/2003	JAMES CARLSON, MD	99231	INPT ACUTE POST OP PAIN ROUNDS	177.00
09/21/2003	JOHN STEPHENSON, MD	99231	INPT ACUTE POST OP PAIN ROUNDS	177.00

ESTA FACTURA ES SOLO POR LOS SERVICIOS SOMETIDOS POR EL DEPARTAMENTO DE ANESTESIA.
Billing questions? Call: 770/237-1460

ACCOUNT NUMBER	DATE OF STATEMENT	PAYMENTS AFTER THIS DATE WILL APPEAR ON YOUR NEXT STATEMENT	BALANCE	AMOUNT DUE
354*75994	10/02/2003			1121.00
PATIENT NAME				
THOMAS WOOD				

ACCORDING TO OUR RECORDS, THIS ACCOUNT DOES NOT HAVE
INSURANCE. PLEASE PAY IN FULL TODAY. IF YOU HAVE INSURANCE,
PLEASE CALL OUR OFFICE TODAY. THANK YOU.

WE ACCEPT VISA, MASTERCARD, AMEX & DISCOVER CARDS.
COBRA COVERAGE MAYBE AVAILABLE IF YOUR EMPLOYMENT STATUS HAS CHANGED. CONTACT US FOR GENERAL INFORMATION
THIS STATEMENT REPRESENTS ONLY THE ANESTHESIOLOGIST'S SERVICES. ** THANK-YOU **
CALLS TO CUSTOMER SERVICE MAY BE MONITORED FOR QUALITY ASSURANCE. IF YOU DO NOT WANT YOUR CALL MONITORED
Place of Service: ST. JOSEPHS HOSPITAL
Referring Doctor: JOHN E MOORE MD
MAKE CHECKS PAYABLE TO:
PHYSICIAN SPEC IN ANESTHESIA,PC

ATLANTA RADIOLGY CONSULTANTS
1100 JOHNSON FY RD 245
ATLANTA GA 30342

Forwarding Service Requested

Patient : WOOD THOMAS

ATLANTA RADIOLGY CONSULTANTS
1100 JOHNSON FY RD 245
ATLANTA GA 30342

CHECK CARD USING FOR PAYMENT		<input checked="" type="checkbox"/>	<input type="checkbox"/>
CARD NUMBER		AMOUNT	
SIGNATURE		EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT		ACCT.#
09/15/03	\$ 146.00		105644819
		SHOW AMOUNT PAID HERE \$	

*****AUTO**MIXED AADC 350
00003448 1 MB 0.309 01
THOMAS WOOD
11104 PARKVIEW LN
ALPHARETTA GA 30005-5414

Please check box if your address is incorrect or insurance information has changed. Indicate change(s) on reverse side.

STATEMENT

Page: 1 of 1

PLEASE DETACH AND RETAIN TOP PORTION WITH YOUR PAYMENT.

DATE	CODE	DESCRIPTION	DX	PHYS	SITE	AMOUNT
08/27/03	78801	TUMOR LOCALIZE MULTIPLE AREAS		162.9	05 02	146.00

PAYMENT IS DUE UPON RECEIPT IF YOU HAVE INSURANCE AND WISH
OUR OFFICE TO FILE A CLAIM, PLEASE CALL WITHIN THE NEXT 10 DAYS
AND PROVIDE THAT INFORMATION.

* * THANK YOU * *

Please Pay This
Amount \$ 146.00

Patient : WOOD THOMAS
Account : 105644819
Site : IMAGING CENTER P
Ref Phys : JOHN MOORE MD
Att Phys : KRIS GEGAUDAS MD

For Billing Questions Please Call:
(404)256-5193



Saint Joseph's
Hospital of Atlanta

5665 Peachtree
Dunwoody Road
N.E.

Sponsored
by the Sisters
of Mercy

Atlanta, Georgia
30342-1764
(404) 851-7001

September 23, 2003

Mr. Thomas J. Wood
11104 Parkview Lane
Alpharetta, Georgia 30005

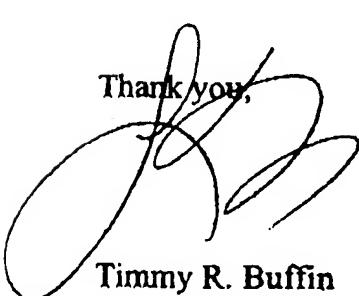
Dear Mr. Thomas:

Please review the attached itemized statement for your current charges and the total balance that is due 30 days after discharge. If the total amount is paid in full by October 21, 2003, you are eligible for a 15% discount of the total charges.

Your total current charges are \$23,002.75 applying the 15% discount (\$3,450.43), the total balance due will be \$19,552.32.

If you should have additional questions, I can be reached at (404) 851-7239. If you receive my voice mail, please leave me a message and I will return your call promptly.

Thank you,


Timmy R. Buffin
Patient Financial Advocate

039169
ATLANTA CARDIAC & THORACIC SUR
5671 PINE DR. INDEX #550
ATLANTA GA 30342

1224

ADDRESS SERVICE REQUESTED

(404) 252-9063
OFFICE PHONE NUMBER

10/01/03
CLOSING DATE

1224
YOUR ACCOUNT NUMBER

W AMOUNT
HERE

21066.00

NEW BALANCE

ATLANTA CARDIAC & THORACIC SUR
5671 PINE DR NW #550
ATLANTA, GA 30342-5013

NOTE: Charges and payments not appearing on this statement will appear on next month's statement.

TON WOOD
PLEASE RETURN THIS PORTION WITH PAYMENT

CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL.

CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT		PATIENT NAME	CHARGES AND DEBITS	PATIENTS AND CREDITS
DATE	PROVIDER NAME	EXPLANATION OF ACTIVITY		
091803	MD/DO	ENDOSCOPIC FOR EXPLORATION, TRACHEA & WOOD	2850.00	
091803		ENDOSCOPIC, WITH OR WITHOUT BIOPSY	1300.00	
091803		DIAGNOSTIC BRONCHOSCOPY, W/ OR W/O CELL	725.00	
091803		POSTOP FOLLOWUP VISIT	T WOOD	
091803		ADDITIONAL DIAGNOSIS		
091803		PULMONARY LOBECTOMY, SINGLE Lobe	T WOOD	4000.00
091803		PULMONARY SEGMENTECTOMY		3975.00
091803		PARTIAL PLEURECTOMY		3250.00
091803		THORACIC LYMPHADENECTOMY, REGIONAL		810.00
091803		DIAGNOSTIC BRONCHOSCOPY, W/ OR W/O CELL		725.00
091803		EXCISION BENIGN LESION, THUMB/ARM/LEG &		500.00
091803		REPAIR COMPLEX WOUND, TRUNK, 2.6-7.5 CM		500.00
091803		PULMONARY LOBECTOMY, SINGLE Lobe	T WOOD	800.00
091803	MD/DO	PULMONARY SEGMENTECTOMY		795.00
091803		PARTIAL PLEURECTOMY		650.00
091803		THORACIC LYMPHADENECTOMY, REGIONAL		166.00

Printed Oct 08 2003
Requested by R Belardo

OpTx

Physician Fee Ticket - ACC - by Institution and Time - Selected Patient
Garrison 201324

09/08	FIBEROPTIC CART	87350059	1	459.75
09/08	ARTERIAL KIT-ANES	87350063	1	39.75
09/08	SUTURE/SINGLE	87510819	9	163.00
09/08	SYRINGES, DISP	87510624	1	7.00
09/08	CHAMBERLAIN PROCEDURE/MOORE	87600367	1	167.25
09/08	MEDIASTINOSCOPY/MOORE	87600389	1	218.75
09/09	PERSONAL PAYMENT	15000036	1	-2500.00
09/09	PERCOCET-5 TAB	73024009	1	4.25
09/09	PERCOCET-5 TAB	73024009	1	4.25
09/09	DILAUDID 2 MG 1CC	73024033	1	13.25
09/09	LAC.RINGER6 1000CC	73033919	1	60.50

TOTAL CHARGES	7720.50
PAYMENTS/ADJUSTMENTS	-2500.00
BALANCE	5230.50

SAINT JOSEPH'S HOSPITAL OF ATLANTA
 PO BOX 102046 ANX 68
 ATLANTA, GA 30368
 404-851-5882

STATEMENT DATE 09/17/2003
 PAGE 1 OF 3
 FEI # 58-0566257

PATIENT NAME

WOOD, THOMAS	MEDICAL RECORD	ACCOUNT NUMBER	ADMISSION DATE	DISCHARGE DATE	DAYS
SSN 256-78-0063	00698866	105674147	09/08/2003	09/09/2003	1

GUARANTOR NAME AND ADDRESS FIN CLASS: P ACCT TYPE: A

THOMAS WOOD	INSURANCE PRVT PAY	POLICY 256780063
11104 PARKVIEW LN		
ALPHARETTA GA 30005		

SERVICE DATE	CHARGE DESCRIPTION	CHARGE CODE	QNTY	TOTAL CHARGES
09/08	ELECTROCARDIOGRAM	71200006	1	68.00
09/08	EKG PROF FEE	71200023	1	21.50
09/08	CHEST PORT	72100099	1	222.50
09/08	ATIVAN 2MG IV * (LORAZEDAM)	73020278	1	64.00
09/08	FENTANYL 5 CC **	73024020	1	29.75
09/08	DILAUDID 2 MG 1CC	73024033	1	23.25
09/08	DILAUDID 2 MG 1CC	73024033	1	23.25
09/08	MORPHINE 10MG/ML INJ *	73024035	1	23.25
09/08	MORPHINE 10MG/ML INJ *	73024035	1	23.25
09/08	FENTANYL CITRATE	73024057	1	23.25
09/08	MIDAZOLAM HCL	73029871	1	23.75
09/08	VERSED 1MG/ML 2ML INJ	73029871	1	23.75
09/08	LR (RINGERS SOLUTION, LACTATED)	73033919	1	60.50
09/08	LR (RINGERS SOLUTION, LACTATED)	73033919	1	60.50
09/08	LAC. RINGERS 1000CC	73033919	1	60.50
09/08	APRESOLINE 20MG VIAL * (HYDRALAZINE)	73040535	1	48.00
09/08	MORPHINE 15MG/ML INJ	73041078	1	23.25
09/08	METOCLOPRAMIDE HCL	73047496	1	4.25
09/08	CEFAZOLIN 1.0 GM.	73047659	1	23.25
09/08	CEFAZOLIN 1.0 GM.	73047659	1	23.25
09/08	MARCAINE 0.5% 50ML	73047807	1	44.75
09/08	FAMOTIDINE	73049805	1	9.75
09/08	SODIUM CITRATE (ALK)/CITRIC AC	73049016	1	4.25
09/08	DIPRIVAN 20ML AMP	73079978	1	73.50
09/08	ANESTHES 2.50 HR	73500006	1	438.25
09/08	2.5 HOURS (O R)	75100008	1	2283.00
09/08	1 HR PACU CII	75500029	1	475.00
09/08	0.5 HR PEA CII	75500100	1	189.25
09/08	ASSIST/ARTERIAL	75500223	1	84.50
09/08	REC 7 HRS	77200082	1	566.00
09/08	INJECTION,IM	77200404	1	75.00
09/08	SURG OR MICRO LEVEL IV	78093038	1	130.00
09/08	SURG OR MICRO LEVEL IV	78093038	1	130.00
09/08	SURG OR MICRO LEVEL IV	78093038	1	130.00
09/08	PROTIME W/ INR	78942851	1	61.50
09/08	PTT	78942950	1	57.75
09/08	ABO TYPE	79220356	1	5.25
09/08	RH TYPE	79220364	1	22.75
09/08	SHORT TERM OXYGEN THERAPY	87340008	1	64.00
09/08	SHORT TERM OXYGEN THERAPY	87340008	1	64.00
09/08	SHORT TERM OXYGEN THERAPY	87340008	1	64.00

Medical Statements

Sept. 27, 2003

Shara,

Faxing 8 pages. (cover sheet makes 9)

These represent additional medical bills and are not duplications of any sent in the previous fax.

Also included for your records is the receipt showing Tom's payment of \$2500.00 to St. Joseph's Hospital.

I will try to get additional statements fax'd to you as soon as they arrive. Not sure how many are yet to come for services already rendered.

Incidentals such as prescription meds, support brace, etc. are insignificant at this point....totalling something like \$90-100...so these are not included. I mention this only as another medical expense detail in case the cost of such items should continue to mount and become problematic.

Dr. Moore's office called Friday ... said Dr. Seay (oncologist) would be contacting Tom to set up appointment. We expect to hear from him Monday.

Tom is to have a "fresh" chest xr and take results with him for follow-up visit with Dr. Moore on Oct 7th.

Anita

SAINT JOSEPH'S HOSPITAL OF ATLANTA
 PO BOX 102066 ANX 68
 ATLANTA, GA 30368
 404-651-5902

STATEMENT DATE 09/23/2003
 PAGE 4 OF 4
 FEE # 58-0566257

PATIENT NAME

WOOD, THOMAS J	MEDICAL RECORD	ACCOUNT NUMBER	ADMISSION DATE	DISCHARGE DATE	DAYS
SSN 256-78-0063	00698866	105724058	09/18/2003	09/21/2003	3

GUARANTOR NAME AND ADDRESS FIN CLASS: P ACCT TYPE: I

THOMAS WOOD	INSURANCE PRVT PAY	POLICY 256780063
11104 PARKVIEW LN		
ALPHARETTA GA 30005		

SERVICE DATE	CHARGE DESCRIPTION	CHARGE CODE	QNTY	TOTAL CHARGES
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----- SUMMARY OF DETAIL CHARGES -----

MEDICAL/SURGICAL	1	540.00
INTENSIVE CARE, MEDICAL	2	4400.00
PHARMACY	21	1518.00
IV SOLUTION	9	489.25
MED/SURG SUPPLY	6	435.50
NON STERILE SUPPLY	2	544.75
STERILE SUPPLY	46	5015.75
LABORATORY	4	258.75
CHEMISTRY	9	611.50
IMMUNOLOGY	3	90.50
HEMATOLOGY	3	127.50
BACTERIOLOGY & MICROBIOLOGY	1	75.25
UROLOGY	2	48.25
CYTOLGY	2	353.75
HISTOLOGY	13	2121.50
CHEST X-RAY	4	890.00
O/R SUPPLY & TIME	3	3309.50
ANESTHESIA	1	565.50
RESPIRATORY SVC	6	124.50
DRUGS REQUIRING DETAIL CODING	7	151.50
RECOVERY ROOM	2	975.00
(EKG/ECG) TELEMETRY	2	356.50

TOTAL CHARGES	23002.75
PAYMENTS/ADJUSTMENTS	0.00
BALANCE	23002.75

SAINT JOSEPH'S HOSPITAL OF ATLANTA
 PO BOX 102046 ANX 68
 ATLANTA, GA 30368
 404-851-5882

STATEMENT DATE 09/23/2003

PAGE 3 OF 4

FEI # 50-0566257

PATIENT NAME

WOOD, THOMAS J	MEDICAL RECORD	ACCOUNT NUMBER	ADMISSION DATE	DISCHARGE DATE	DAY8
SSN 256 78-0063	00698866	105724058	09/18/2003	09/21/2003	3

SERVICE DATE	CHARGE DESCRIPTION	CHARGE CODE	QNTY	TOTAL CHARGES
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(CONTINUED FROM PREVIOUS PAGE)

09/19	CEFAZOLIN 1.0 GM.	73047659	1	23.25
09/19	RX AEROSOL SUBSEQUENT	73410061	1	20.75
09/19	RX AEROSOL SUBSEQUENT	73410061	1	20.75
09/19	CBC AUTOMATED W/DIFF -HEM	79455002	1	69.75
09/19	BASIC METABOLIC PANEL -MAIN STAT	79638086	1	86.25
09/19	OXY CANN CONT	87340001	1	71.75
09/19	OXY FACE TENT CONT	87340003	1	134.00
09/20	TELEMETRY STEP DOWN	60000005	1	540.00
09/20	CHEST PORT	72100099	1	222.50
09/20	SENOKOT-8 TAB	73012649	1	3.50
09/20	DILAUDID/MARCAINE CASSETTE	73029486	1	316.25
09/20	DEX 5%WATER SOCC	73033969	1	47.75
09/20	DEX 5%WATER SOCC	73033969	1	47.75
09/20	BENADRYL AMPS 50MG * (DIPHENHYDRAMINE)	73046769	3	21.00
09/20	CEFAZOLIN 1.0 GM.	73047659	1	23.25
09/20	CEFAZOLIN 1.0 GM.	73047659	1	23.25
09/20	RX AEROSOL SUBSEQUENT	73410061	1	20.75
09/20	RX AEROSOL SUBSEQUENT	73410061	1	20.75
09/20	CULTURE, URINE -BAC	79111860	1	75.25
09/20	BLOOD SMEAR, MANUAL DIFF-HEM	79440408	1	37.50
09/20	URINALYSIS	79447009	1	28.25
09/20	ICTOTEST -HEM	79447132	1	20.00
09/20	CBC AUTOMATED W/DIFF -HEM	79455002	1	69.75
09/20	BASIC METABOLIC PANEL -MAIN STAT	79638086	1	86.25
09/20	TELEMETRY	80000224	1	178.25
09/20	OXY CANN CONT	87340001	1	71.75
09/20	PUMP/PRIMARY UNVENT	87581264	1	47.00
09/21	CHEST PORT	72100099	1	222.50
09/21	SENOKOT-8 TAB	73012649	1	3.50
09/21	RX AEROSOL SUBSEQUENT	73410061	1	20.75
09/21	COMPLETE CBC, AUTO-HEM	79455556	1	45.00
09/21	BASIC METABOLIC PANEL -MAIN STAT	79638086	1	86.25
09/21	TELEMETRY	80000224	1	178.25
09/21	OXY CANN CONT	87340001	1	71.75

TOTAL CHARGES	23002.75
PAYMENTS/ADJUSTMENTS	0.00
BALANCE	23002.75

SAINT JOSEPH'S HOSPITAL OF ATLANTA
PO BOX 103046 ANX 68
ATLANTA, GA 30368
404-851 5882

STATEMENT DATE 09/23/2003

PAGE 2 OF 4

FEI # 58-0566257

PATIENT NAME

PATIENT NAME	MEDICAL RECORD	ACCOUNT NUMBER	ADMISSION DATE	DISCHARGE DATE	DAY6
WOOL, THOMAS J	00698866	105724058	09/18/2003	09/21/2003	3

SERVICE	CHARGE DESCRIPTION	CHARGE CODE	QNTY	TOTAL CHARGES
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(CONTINUED FROM PREVIOUS PAGE)

09/18	SURG GR MICRO LEVEL VI	78893053	1	330.25
09/18	FROZEN SECTION 1ST	78893152	1	188.25
09/18	FROZEN SECTION 1ST	78893152	1	188.25
09/18	FROZEN SECT, ADDITIONAL-PATH	78893160	1	87.25
09/18	FROZEN SECT, ADDITIONAL-PATH	78893160	1	87.25
09/18	PROTIME W/ INR	78942851	1	61.50
09/18	PTT	78942950	1	57.75
09/18	ABO TYPE	79220396	1	5.25
09/18	RH TYPE	79220364	1	32.75
09/18	AB SCREEN	79220505	1	62.50
09/18	COMPLETE CBC, AUTO-HEM	79435556	1	45.00
09/18	DNA CELL CYCLE ANALYSIS -FLM CYTO	79542064	1	95.00
09/18	DNA PLOIDY-P.E. FLM CYTO	79542080	1	258.75
09/18	SL BLOOD GAS	79600063	1	107.00
09/18	OR SODIUM	79600089	1	34.75
09/18	SL GLUCOSE	79600097	1	37.25
09/18	SL ION CALCIUM	79600154	1	52.75
09/18	BASIC METABOLIC PANEL -MAIN STAT	79638086	1	86.25
09/18	OR POTASSIUM	79651340	1	34.75
09/18	GOWN	80000081	1	14.50
09/18	INTRA-OP BAIR HUGGER	80000095	1	85.00
09/18	OXY CANN CONT	87340001	1	71.75
09/18	SHORT TERM OXYGEN THERAPY	87340008	1	64.00
09/18	SHORT TERM OXYGEN THERAPY	87340008	1	64.00
09/18	BROCHO- TUBE	87350022	1	280.50
09/18	CONTINUOUS EPIDURAL CATHETER	87350032	1	120.25
09/18	FIBEROPTIC CART	87350053	1	459.75
09/18	ARTERIAL KIT-ANES	87350063	1	39.75
09/18	DRESSING SPONGES 4X4	87510237	1	10.50
09/18	LAP PADS DISP	87510463	1	34.50
09/18	PEANUT SPONGES	87510635	10	87.50
09/18	SUTURE/MULTI PK	87510817	2	175.50
09/18	SUTURE/SINGLE	87510819	13	221.00
09/18	TCR/TRT 55/75 REFILL	87510836	2	425.00
09/18	TL/TLV 30/60/90	87510853	2	898.50
09/18	TLC 55/75 STAPLER	87510854	1	692.25
09/18	TR/TRV 30/60/90 REFILL	87510860	7	1274.00
09/18	THORACOTOMY/MOORE	87600267	1	581.50
09/19	NEURO ICU ROOM AND BOARD	60000008	1	2200.00
09/19	CHEST PORT	72100099	1	222.50
09/19	DEX 5% 456 KCL 20MEQ 1000CC	73033684	1	81.75
09/19	DEX 5%WATER 50CC	73033969	1	47.75
09/19	DEX 5%WATER 50CC	73033969	1	47.75
09/19	DEX 5%WATER 50CC	73033969	1	47.75
09/19	BENADRYL AMPE 50MG + (DIPHENHYDRAMINE)	73046769	1	21.00
09/19	CEFAZOLIN 1.0 GM.	73047659	1	23.25
09/19	CEFAZOLIN 1.0 GM.	73047659	1	23.25

SAINT JOSEPH'S HOSPITAL OF ATLANTA
PO BOX 102046 ANX 68
ATLANTA, GA 30368
404-651-5882

STATEMENT DATE 09/23/2003
PAGE 1 OF 4
FEI # 58-0566257

PATIENT NAME

WOOD, THOMAS J	MEDICAL RECORD	ACCOUNT NUMBER	ADMISSION DATE	DISCHARGE DATE	DAYS
SSN 256-78 0063	00698866	105724058	09/18/2003	09/21/2003	3

GURANTOR NAME AND ADDRESS FIN CLASS: P ACCT TYPE: I

THOMAS WOOD	INSURANCE PRVT PAY	POLICY 256780063
11104 PARKVIEW LN		
ALPHARETTA GA 30005		

SERVICE DATE	CHARGE DESCRIPTION	CHARGE CODE	QNTY	TOTAL CHARGES
09/18	NEURO ICU ROOM AND BOARD	60000008	1	2200.00
09/18	CHEST PORT	72100099	1	222.50
09/18	FENTANYL 5 CC	73024020	1	29.75
09/18	MORPHINE 10MG/ML INJ	73024035	1	23.25
09/18	FENTANYL 2 CC	73024057	1	23.25
09/18	VERSED 1MG/ML SML INJ	73024732	1	51.75
09/18	DILAUDID/MARCAINE CASSETTE	73029486	1	116.25
09/18	DILAUDID/MARCAINE CASSETTE	73029486	1	116.25
09/18	VERSED 1MG/ML 2ML INJ	73029871	1	23.75
09/18	LR (RINGERS SOLUTION, LACTATED)	73033919	1	60.50
09/18	LR (RINGERS SOLUTION, LACTATED)	73033919	1	60.50
09/18	DEX 5%WATER SOCC	73033959	1	47.75
09/18	MORPHINE 15MG/ML INJ	73041078	1	23.25
09/18	ANZEMET 12.5MG INJ (DOLASETRON)	73043092	1	91.00
09/18	BENADRYL AMP 50MG (DIPHENHYDRAMINE)	73046769	1	21.00
09/18	BENADRYL AMP 50MG (DIPHENHYDRAMINE)	73046769	1	21.00
09/18	BENADRYL AMP 50MG (DIPHENHYDRAMINE)	73046769	1	21.00
09/18	CEFAZOLIN 1.0 GM.	73047659	1	23.25
09/18	CEFAZOLIN 1.0 GM.	73047659	1	23.25
09/18	FAMOTIDINE	73048805	1	9.75
09/18	LIDOCAINE 7% MPF	73049401	1	23.25
09/18	DIPRIVAN 20ML AMP	73079978	1	73.50
09/18	DIPRIVAN 20ML AMP	73079978	1	73.50
09/18	RX AEROSOL 1ST TREATMENT	73410009	1	20.75
09/18	ANESTHES 4.50 HR	73500010	1	565.50
09/18	4.5 HOURS (O R)	73100012	1	3110.50
09/18	2 HR PACU CIII	75500048	1	705.75
09/18	1.0 HR PSA CII	75500101	1	109.75
09/18	EPIDURAL PLACEMENT	75500220	1	114.50
09/18	ASSIST/ARTERIAL	75500222	1	84.50
09/18	SURG GR MICRO LEVEL IV	78893038	1	130.00
09/18	SURG GR MICRO LEVEL IV	78893038	1	130.00
09/18	SURG GR MICRO LEVEL IV	78893038	1	130.00
09/18	SURG GR MICRO LEVEL IV	78893038	1	130.00
09/18	SURG GR MICRO LEVEL IV	78893038	1	130.00
09/18	SURG GR MICRO LEVEL IV	78893038	1	130.00
09/18	SURG GR MICRO LEVEL VI	78893053	1	330.25

01080054365001

SMD	9.5.03	2500.00				Wood, Thomas J.	2500.00	10567447
CASHIER'S INITIALS	DATE	CHECKS	CASH	W/MCHG. VISA C&S	ACCOUNT NAME	TOTAL AMOUNT	BILLING NUMBER OR GENERAL LEDGER NO.	

THE BALANCE OF YOUR HOSPITAL BILL REPORTED TO YOU BY THE CASHIER
AT DISMISSAL MAY NOT INCLUDE ALL CHARGES FOR SERVICES RENDERED.
ALL LATE CHARGES WILL BE POSTED TO YOUR FINAL STATEMENT.

SAINT JOSEPH'S HOSPITAL
ATLANTA, GEORGIA

Thank You

WE APPRECIATE THE OPPORTUNITY TO SERVE YOU.
AND WE HOPE THAT OUR SERVICE AND PATIENT
CARE HAVE MET WITH YOUR APPROVAL.

SAVE YOUR RECEIPTS FOR TAX PURPOSES.

SAINT JOSEPH'S HOSPITAL OF ATLANTA
 PO BOX 102046 ANX 68
 ATLANTA, GA 30368
 404-851-5882

STATEMENT DATE 09/26/2003

PAGE 1 OF 1

PEI # 58-0566257

PATIENT NAME

WOOD, THOMAS J	MEDICAL RECORD	ACCOUNT NUMBER	ADMISSION DATE	DISCHARGE DATE	DAYS
66# 256-78-0063	00698866	105724058	09/18/2003	09/21/2003	3

GUARANTOR NAME AND ADDRESS PIN CLASS: P ACCT TYPE: I

INSURANCE	POLICY
PRVT PAY	256780063

THOMAS WOOD
 11104 PARKVIEW LN
 ALPHARETTA GA 30005

SERVICE DATE	CHARGE DESCRIPTION	CHARGE CODE	QNTY	TOTAL CHARGE\$
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----- SUMMARY OF DETAIL CHARGES -----

MEDICAL/SURGICAL	1	\$40.00
INTENSIVE CARE, MEDICAL	2	4400.00
PHARMACY	21	1518.00
IV SOLUTION	9	489.25
MED/SURG SUPPLY	6	435.50
NON STERILE SUPPLY	2	544.75
STERILE SUPPLY	16	5015.75
LABORATORY	4	258.75
CHEMISTRY	9	611.50
IMMUNOLOGY	3	90.50
HEMATOLOGY	3	127.50
BACTERIOLOGY & MICROBIOLOGY	1	75.25
UROLOGY	2	48.25
CYTOLGY	4	707.50
HISTOLOGY	13	2121.50
CHEST X-RAY	4	890.00
O/R SUPPLY & TIME	3	3309.50
ANESTHESIA	1	565.50
RESPIRATORY SVC	6	129.50
DRUGS REQUIRING DETAIL CODING	7	151.50
RECOVERY ROOM	2	975.00
(EKG/ECG) TELEMETRY	2	356.50

TOTAL CHARGES	23356.50
PAYMENTS/ADJUSTMENTS	0.00
BALANCE	23356.50

duplicate

61050	Urine Timed Collection	J9280	Mitomycin (Mutamycin) 100 mg	J2175	Meperidine (Demerol) 100 mg
	CANCER SCREENING	J9283	Mitoxantrone (Novantrone) 5 mg	J2765	Meloclopramide (Reglan) 10 mg
498000	Specimen Handling	J9285	Paclitaxel (Taxol) 30 mg	J2352	Octreotide (Sandostatin LAR) 1 mg
80048	Basic Metabolic Panel	J9310	Rituximab (Rituxan) 100 mg	J34903A	Octreotide (Sandostatin) 50 mcg
87040	Blood Culture	J9350	Topotecan (Hycamtin) 4 mg	J2405	Ondansetron (Zofran) 1 mg
86300	CA 27.29	J9355	Trastuzumab (Herceptin) 10 mg	J2430	Pamidronate (Aredia) 30 mg
86304	CA 125	J9360	Vinblastine (Velban) 1 mg	J3460	Potassium Chloride 2 meq
82378	CEA	J9370	Vincristine (Oncovin) 1 mg	J0760	Prochlorperazine (Compazine) 10 mg
80053	Comprehensive Panel	J9390	Vinorelbine (Neovine) 10 mg	J2550	Promethazine (Phenergan) 50 mg
82575	Creatinine Clearance	J9202	Zoledox 3.6 mg	J2782	Rho(D) Immune Globulin 100 U's
80051	Electrolyte Panel			J2820	Sargramostim (Leukine) 50 mcg
82728	Ferritin, Serum			J2916	Sodium Ferric Gluconate (Ferricil) 12.5 mg
82746	Folic Acid, Serum				
80076	Hepatic Function Panel	98545	Provision of Chemotherapy		
83815	LDH	98400	Sub-QIM	J3370	Vancomycin 600 mg
80061	Lipid Panel	98408	IV Push	J3420	Vitamin B12 Injection 1000 mcg
84153	Prostatic Specific Antigen (PSA)	98410	IV Infusion (1 hour)	J3487	Zoledronic Acid (Zometa) 1 mg
85610	PT	98412	IV Infusion (Each add'l hour)		
85730	PTT	98414	IV Cef via pump (Initiation)		
-TIBC	Total Iron Binding Capacity	98520	Portable Pump Refill/Maint		
34443	TSI	98530	Implant Pump Refill/Maint	J1642	Heparin Lock Flush 10 Units
84478	Thyroid Profile T3, T4, OR THBR			J1844	Heparin Pump Flush 1000 Units
84436	Thyroxine, Total			J7051	Saline Flush 5cc
87088	Urine Culture (C & S)			J7030	Normal Saline 1000 ml
82607	Vitamin B12	98800	IV Start	J7040	Normal Saline 500 ml
		90780	IV Infusion (1 hour)	J7050	Normal Saline (up to 250ml)
-00549	SIEP	90781	IV Infusion (Each add'l hour)	J7000	Dextrose 5% in water 500 ml
-00747	SPEP	90782	IM or SQ Injection		
-00213	UIEP	90784	IV Injection	A4212	Non Coring Needle (Huber)
82784	Quantitative Immunoglobulins (IgA, ICG, IGM)			488070PA	Port Access Supplies
-00750	UPEP			488070PS	Phlebotomy Set
				A4220	Refill Kit for Implantable Pump

Diagnoses:

DATE / TIME	LOCATION	DOCTOR	PATIENT #	PATIENT NAME	PHONE #	SEX	O.O.B.
Oct 06, 2003 15:30	AOC Lake Meern	Seay, Thomas	27286	Wood, Tom J	(878) 366-0253	Male	Nov 18, 1945
INSURANCE COMPANY		TODAY'S CHARGE					
		ADDRESS 11104 Park View Lane, Alpharetta, Georgia, 30005					
RESPONSIBLE PARTY		REFERRING DR.					
		Moore, JE					

Above amounts are estimates. Subject to additional review.

Physician Signature

\$ 464.00 Amount Due
Report Name: fee_ticket_ACC_pt.rpl-optxMANAGER

Page 1 of 1

OMI DIAGNOSTICS
P.O. BOX 347
ALPHARETTA, GA 30009-0347

RETURN SERVICE REQUESTED
LAST PMT: 08/29/03
AMOUNT: 320.00

Please check box if address is incorrect or insurance information has changed, and indicate changes(s) on reverse side.

ADDRESSEE: **THOMAS JACKSON WOOD**
11104 PARKVIEW LANE
ALPHARETTA, GA 30005-5414

16466-XF06

CHECK CARD USING FOR PAYMENT	
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER
CARD NUMBER	
SIGNATURE	
STATEMENT DATE	
09/08/03	PAY THIS AMOUNT
ACCT. #	
\$746.00	
502416	
PAGE: 1 of 1	
SHOW AMOUNT PAID HERE \$	

REMIT TO:

300111

OMI DIAGNOSTICS
P.O. BOX 347
ALPHARETTA, GA 30009-0347

16466-XF06*11LOXWK8J000161

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Date	Description	Charges	Medicare Receipts	Insurance Receipts	Patient Receipts	Adjustments	Balance	Ins. Fund
09/04/03	CT SCAN, HEAD/BRAIN; w/ CONTRAST AGENT Non-ionic Contrast	646.00					646.00	
09/04/03		100.00					100.00	

** Payment is due upon receipt. Thank you. **

Current	30 Days	60 Days	90 Days	120 Days	Total Balance	* Ins. Pending	Now Due
746.00	0.00	0.00	0.00	0.00	746.00	0.00	5746.00

Message

Account Number

502416

Statement Date

09/08/03

Make Checks Payable To:

OMI DIAGNOSTICS
P.O. BOX 347
ALPHARETTA, GA 30009-0347

Billing Questions

(770) 664-7777

16466-XF06*11LOXWK8J000161



ATLANTA AMMULUGI CONSULTANTS
1100 JOHNSON FY RD 245
ATLANTA GA 30342

Forwarding Service Requested

Patient : WOOD THOMAS

ATLANTA RADIOLOGY CONSULTANTS
1100 JOHNSON FY RD 245
ATLANTA GA 30342

CHECK CARD USING FOR PAYMENT		<input type="checkbox"/>	<input checked="" type="checkbox"/>
CARD NUMBER		AMOUNT	
SIGNATURE		EXP. DATE	
STATEMENT DATE 09/24/03		PAY THIS AMOUNT \$ 39.00	ACCT.# 105674147
		SHOW AMOUNT PAID HERE <input type="checkbox"/>	

*****AUTO***MIXED AADC 350
00003149 1 MB 0.309 01
THOMAS WOOD
11104 PARKVIEW LN
ALPHARETTA GA 30005-5414

STATEMENT

Page: 1 of 1

...PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Please check box if your address is incorrect or insurance information has changed. Indicate change(s) on reverse side.

PLEASE DETACH AND RETAIN TOP PORTION WITH YOUR PAYMENT.

DATE	CODE	DESCRIPTION	DX	PHYS SITE	AMOUNT
09/08/03	71010	XRAY CHEST SINGLE VIEW	786.6	06 01	39.00

PAYMENT IS DUE UPON RECEIPT IF YOU HAVE INSURANCE AND WISH
OUR OFFICE TO FILE A CLAIM, PLEASE CALL WITHIN THE NEXT 10 DAYS
AND PROVIDE THAT INFORMATION. * * THANK YOU * *

Please Pay This
Amount \$ 39.00

Patient : WOOD THOMAS
Account : 105674147
Site : SAINT JOSEPHS HOSPITAL
Ref Phys : JOHN MOORE MD
Att Phys : DAVID S OWENS MD

For Billing Questions Please Call:
(404)256-5193

P. O. BOX 102163
ATLANTA GA 30368-0163

Return Service Requested

Place of Service: ST. JOSEPHS HOSPITAL
ATL9*354*898866

RE354103EV38003SY.000013
THOMAS WOOD

11104 PARKVIEW LN
ALPHARETTA GA 30005-5414

11104 PARKVIEW LN
ALPHARETTA GA 30005-5414

PATIENT NAME

THOMAS WOOD

ACCOUNT NUMBER

354*898866

STATEMENT DATE

09/17/2003

AMOUNT DUE

1829.00

AMOUNT PAID

PHYSICIAN SPEC IN ANESTHESIA,PC
P. O. BOX 102163
ATLANTA GA 30368-0163



PLEASE DETACH AND RETURN TOP PORTION WITH PAYMENT

Date	Doctor	Code	Description	Page 1 of 1	Amount
09/08/2003	REX B FOSTER, MD	00540	ANESTHESIA ADMINISTRATION		1652.00
09/08/2003	REX B FOSTER, MD	38620	ART LINE		177.00

ESTA FACTURA ES SOLO POR LOS SERVICIOS SOMETIDOS POR EL DEPARTAMENTO DE ANESTESIA.
Billing questions? Call: 770/237-1460

ACCOUNT NUMBER	DATE OF STATEMENT	PAYMENTS AFTER THIS DATE WILL APPEAR ON YOUR NEXT STATEMENT	BALANCE	AMOUNT DUE
354*898866	09/17/2003			1829.00

PATIENT NAME
THOMAS WOOD

ACCORDING TO OUR RECORDS, THIS ACCOUNT DOES NOT HAVE
INSURANCE. PLEASE PAY IN FULL TODAY. IF YOU HAVE INSURANCE,
PLEASE CALL OUR OFFICE TODAY. THANK YOU.

WE ACCEPT VISA, MASTERCARD, AMEX & DISCOVER CARDS.
COBRA COVERAGE MAYBE AVAILABLE IF YOUR EMPLOYMENT
STATUS HAS CHANGED. CONTACT US FOR GENERAL INFORMATION Referring Doctor: JOHN E MOORE MD
THIS STATEMENT REPRESENTS ONLY THE ANESTHESIOLOGIST'S
SERVICES. ** THANK-YOU **
CALLS TO CUSTOMER SERVICE MAY BE MONITORED FOR QUALITY
ASSURANCE. IF YOU DO NOT WANT YOUR CALL MONITORED
PLEASE ADVISE THE REPRESENTATIVE HANDLING YOUR CALL.

Tax Id 581360128

Place of Service: ST. JOSEPHS HOSPITAL
Referring Doctor: JOHN E MOORE MD

MAKE CHECKS PAYABLE TO:
PHYSICIAN SPEC IN ANESTHESIA,PC
P. O. BOX 102163
ATLANTA GA 30368-0163
770/237-1460

FOR OFFICE USE ONLY:

TOT MINS	BASE U	TIME U	RISK U	TOT U
146	12.00	15.00	1.00	28.00

SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION

ATLANTA, GA 30368

Forwarding Service Requested

For Account Questions, Please Call:
404-252-1968

P. PLEASE MAKE CHECK PAYABLE TO

PHYSICIANS' PROFESSIONAL LAB.
PO BOX 102538
ATLANTA GA 30368-2538

Please check box if your address is incorrect or insurance information has changed. Indicate change(s) on reverse side.

CHECK CARD USING FOR PAYMENT		***** SOCIAL SECURITY NUMBER, FILL OUT BELOW.	
<input type="checkbox"/> <input checked="" type="checkbox"/>		<input type="checkbox"/> <input checked="" type="checkbox"/>	
CARD NUMBER		AMOUNT	
SIGNATURE		EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCT.#	
09/18/2003	\$1050.00	698866	
Page 1 of 1		SHOW AMOUNT PAID HERE	\$

***** AUTO**3-DIGIT 300
00090020 1 AT 0.292 01
THOMAS WOOD
11104 PARKVIEW LN
ALPHARETTA GA 30005-5414

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Date	Pl	Qty	Procedure	Description	Diag	Phys	Loc	Insurance	Patient
09/08/03	01	-----	88307	88307-26 LEVEL V SURGICAL					1050.00
									0.00 1050.00
				**** Subtotal of Claim					0.00 1050.00
				**** Statement Totals ****					0.00 1050.00

Abbreviations/Codes

Patient: 01 - Thomas WOOD

Acct #: 698866

Comments

WE DO NOT HAVE YOUR INSURANCE INFORMATION. PLEASE CALL OUR OFFICE. THANK YOU

BALANCE FORWARD	PAYMENTS & CREDITS	TOTAL CHARGES	BALANCE OVER 30 DAYS	BALANCE OVER 60 DAYS	BALANCE OVER 90 DAYS	NEW BALANCE PAY THIS AMOUNT
\$0.00	\$0.00	\$1050.00	\$0.00	\$0.00	\$0.00	\$1050.00

PHYSICIANS' PROFESSIONAL LAB.
P.O. BOX 102538
ATLANTA, GA 30368

For Account Questions, Please Call:
404-252-1968